APPLICATION FOR DEFERRED SERVICE RETIREMENT

Please complete this form and return it to the Office of Retirement Services at the address shown above.

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	
STREET ADDRESS	CITY	STATE	ZIP CODE
COURT	LAST DAY ON PAYROLL	SERVICE CREDIT	
		YEA	ARS MONTHS

In accordance with Section 502, Act no. 234, Public Acts of 1992, as amended, I wish to remain a member of the Judges Retirement System for the exclusive purpose of applying for and receiving a pension upon attainment of age 60, (age 55 with 18 or more years of service, the last six years continuous).

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF WITNESS	DATE

Mail completed form to:

Office of Retirement Services P.O. Box 30171 Lansing, MI 48909-7671

Or, fax to:

ORS Customer Service Center at (517) 322-1116